

Blue Shield of California Mental Health Program

November 14, 2007

US Behavioral Health Plan Overview

- A knox-keene licensed entity doing business in California since 1989; contract with Blue Shield effective July 2000 for provisions of mental services
- US Behavioral Plan, California (USBHPC) Board of Directors oversees all quality programs. Day to day operations managed by USBHPC Quality Improvement Council (QIC)
- Full National Committee for Quality Assurance (NQCA) in 2004 and Utilization Review Accreditation Commission (URAC) Accreditation in 2005; no deficiencies on 2006 Department of Managed Healthcare (DMHC) survey
- 7,487 Providers; 1218 of the providers are Psychiatrists
- 1,102 facilities; 296 are acute inpatient
- A wholly owned subsidiary of OptumHealth Behavioral Solutions

Blue Shield & USBHPC Collaborative Quality Improvement Processes

- Access and Availability
- Continuity & Coordination of Care
 - Disease Management Referrals (Depression Screening)
 - Mental Health to PCP Communication
- Pharmacy and Therapeutics
- Monthly Joint Case Management Video conferences
- Quality Grand Rounds of Care Coordination

USBHPC Referral Process

- Enrollee calls are assessed as to clinical urgency, level of care and type of treatment/service request
- Enrollee's request is matched to geographic area, gender, ethnicity, language and specialty
- Outpatient (OP) level of care initial authorization is an open authorization of one year's duration
- OP authorization is portable to any contracted network clinician

HEDIS Measure

Follow-up After Hospitalization for Mental Illness

Description

- The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health diagnoses. Two rates are reported: the percentage of members who received follow-up within 7 days of discharge and the percentage of members who received follow-up within 30 days of discharge;

Measures	Blue Shield 2006 HEDIS Measure	Blue Shield 2007 HEDIS Measure	HMO 2006 National 90 th Percentile
7 day follow-up	46.22%	50.04%	71
30 day follow-up	67.67%	70.00%	86

HEDIS Measure Follow-up After Hospitalization for Mental Illness

Challenges

Facility

- Engagement and workflows variable
- Admit and discharge workflows newly established

Member

- Member and parent engagement in treatment variable
- Member unaware of clinical value of 7 day follow-up and 30 day follow-up

Clinician

- Clinician office management workflows not always adherent with follow-up standards
- Variable clinician awareness of clinical value of follow-up
- Clinicians challenged to see new highly acute patients

Data

- HEDIS data pull not recognizing intra-facility transfers between levels of care
- Lack of visibility of inpatient mental health admissions occurring in medical facilities

HEDIS Measure Follow-up After Hospitalization for Mental Illness

Interventions

Facility

- USBHPC partners with facilities on appointment setting responsibilities on 40 high volume facilities
- Aligned facility quality monitoring program to include successful appointment setting and successful appointment completion
- Facility contracts amended to include on-site discharge follow-up appointments

Member

- Continued outreach efforts directed toward patient engagement in follow-up
- Two discharge specialists assigned to assist with patient follow-up appointments

Clinician

- Improved access for Clinicians surrounding challenged facilities to ensure follow-up appointments
- General Expansion of network capacity to ensure access to follow-up appointments

Data

- Refine data query to identify intra-facility admits/discharges
- Blue Shield sending admission notification to USBHPC regarding members admitted to medical facility with mental health diagnosis to facilitate follow-up

HEDIS Measure

Antidepressant Medication Management

Description

- The following components of this measure assess different facets of the successful pharmacological management of major depression
 - Optimal practitioner contacts for medication management
 - Effective acute phase treatment
 - Effective continuation phase treatment

Measures	Blue Shield 2006 HEDIS Measure	Blue Shield 2007 HEDIS Measure	HMO 2006 National 90 th Percentile
Depression visits	19.68%	18.71%	31
Acute phase	57.80%	57.31%	70
Continuation phase	42.09	43.7%	53

HEDIS Measure Antidepressant Medication Management

Challenges

Member

- Varied member awareness regarding clinical importance of medication adherence
- Member challenge in meeting medication management expectations

Provider

- Practice standard not always adherent with quality standards
- Challenge regarding diagnosis and management of depression disorders
- Challenge regarding diagnosis and management of depression in special populations
- Challenge regarding antidepressant medication management

HEDIS Measure Antidepressant Medication Management

Interventions

Member

- Members identified as “new starts” on antidepressant medication receive educational material stating the importance of adherence
- Second member letter sent reinforces the importance of adhering to their medication
- More than 16,700 CalPERS members have been included in the program

Provider

- Distribution of Depression Tool Kits
- Claims based data feeds monitor/report patient adherence
- Performance regarding patient adherence also monitored/reported
- Provider informed of performance relative to like network specialists
- IPA's/MG's informed of provider performance
- Providers informed of scientific literature regarding antidepressant medication adherence
- Distribution of patient handouts regarding benefits of medication adherence
- Consistently poor performing providers provided with targeted telephone consultation from psychopharmacology expert

Summary

- Blue Shield and USBHPC will continue tracking process metrics
- Blue Shield and USBHPC will continue to implement interventions targeted at both members and providers
- Full effect of intervention outcome will show improvement in 2008 and fully in 2009